## 12030890817

FEC

## STATEMENT OF **ORGANIZATION**

RECEIVET

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FORM 1							ome Escomail Cente		
1. NAME OF COMMITTEE (ir	n full)		Check if name changed)		ample:If typing, type or the lines.	12FE4	M5		
NEW MEXIC	CO CON	IGRES	SIONAL	CAMI	PAIGNS VI	CTORY FU	JND FEDER	RAL PAC	
<u> </u>						<u> </u>			
ADDRESS (number and street)		P. O.	BOX 1	172			<del></del>		
(Check if address is changed)		BOC	A RAT	ON		FL	33429	J- <u>L</u>	
			•	CITY		STATE	ZIP C	CODE	
COMMITTEE'S E-MA  (Check if is change	address				ddress) ,CAMPAIG	NSFŲŅDF	PACS@GM	IAIL,COM	
COMMITTEE'S WEB	PAGE ADD	RESS (UR	IL)						
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2. DATE ÖS	9 ′ 24	°′ <b>ž</b> 0	12 `						
3. FEC IDENTIFIC	CATION NU	MBER	С						
4. IS THIS STATE	MENT 🔀	NEW (	(N) OF		AMENDED (	A)			
l certify that I have	examined th	is Statemer	nt and to the	best of my	knowledge and be	lief it is true, cor	rect and complete.		
Type or Print Name	of Treasurer	JAN	MES LIN	1COL	N				
Signature of Treasur	er	Ja	mes	Lin	www	Date (	Ö9°′24°′	′ <b>20</b> ′12 ′	
NOTE: Submission of			-	-	bject the person sign	_	-	f 2 U.S.C. §437g.	
Office Use Only					For further informat Federal Election Con Toll Free 800-424-95	nmission	FEC F(	•	